

## Results

The first program, "Living in Our Competitive World," proved to be the most popular. The auditorium was filled to capacity for both sessions of it, and many people had to sit in the aisles or stand in the rear. More than 600 of the laboratories' 2,500 onsite employees attended. The next most popular program was the one on cancer. The cardiac program was the least popular one among the men, as judged by their ratings. This result is interesting in view of the high risk of cardiac disease among men of the age and occupation groups that the male Bell employees represented. At all sessions, the employees exhibited their interest by freely taking the health materials that were offered.

To evaluate this health education effort, a questionnaire was sent to all employees with a request that anyone who had attended at least one program complete and return the questionnaire. The seven items on the instrument were designed to determine the sex and age groups of the respondents, which health education programs in the series they had attended, how they rated these programs on a scale from poor to excellent, what health actions they had taken as a result of the program, with whom they had shared the program information, whether they wanted the programs continued, what changes in program format they would like to see, and what subjects they would like to have covered in the future.

Almost 400 employees returned the questionnaire. Eighty percent of the employees were men between 30 and 54 years old. Most of the female respondents were under 30. The age and sex distributions of the respondents were similar to those for all employees.

The health education programs were rated good by 53 percent of the respondents, both male and female, and excellent by 43 percent.

The health action that both male and female respondents most commonly took as a result of the series was related to some aspect of dental hygiene or dental health. The most frequently mentioned response was switching to a soft toothbrush. The adoption of certain techniques to reduce stress was the second most frequently reported health action, followed by physical examinations, improvement in diet, and initiation of appropriate exercise.

Men were slightly less likely to take a positive health action than women ( $P$  value between 0.2 and 0.1 and  $Q$  value minus 0.23). Thus, there was a low negative correlation between men and the taking of a positive health action. The tendency to take a health action was strongly related to the number of sessions that the respondents attended ( $P$  value less than 0.01), the strongest association being found for those attending four programs.

Since the women did not attend any more programs than the men ( $P$  value greater than 0.05), the number of sessions that the respondents attended apparently did not account for the greater tendency of the female respondents to take a health action.

Currently, five companies in the Morristown, N.J., area are participating in a similar series of industrial health programs on a continuing basis. In addition, individual programs from the series have been presented to other companies upon request. The program on the physiological and psychological aspects of stress has also been given as part of several companies' management training courses.

Suggestions from employees about additional topics of interest to them in the health field are expected to provide the basis for future programs.

## Conclusion

Further investigation is needed to determine why some people take a preventive health action and others do not. Changing a dental habit is undoubtedly an act that is less threatening and more easily accomplished than admitting that one is at risk of cardiac disease since admitting this might entail changing one's lifestyle.

—Marguerite Wagner, RN (Director, Department of Community Health Education, Morristown Memorial Hospital), Nancy H. Bryant, RN, MPH (Director, Office of Consumer Health Education, College of Medicine and Dentistry of New Jersey, Piscataway), and Ruth B. Bauer (Environmental Health Administrator, Bell Laboratories, Inc., Murray Hill, N.J.).

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## Patient Education Coordinators in Greenville, S.C., Hospitals

■ The benefits of patient and family education in the management of health problems, long recognized by nursing, have been receiving increasing attention. To augment this aspect of quality care, the Greenville Hospital System, aided by a grant from the Department of Health, Education, and Welfare, created the position of patient education coordinator for each of its major hospital centers.

In the organizational structure, the coordinator is placed under nursing administration, because instructing patients is a principal component of nursing care. The minimal qualifications for this role are (a) a registered nurse with a bachelor's degree, (b) education and successful experience in the teaching-learning process, and (c) demonstrated skills in human relationships.

The objectives of the program are to enhance quality care by helping staff nurses provide health education to patients and their families and to explore ways to promote community health education programs.

The major functions of the coordinators are as follows.

—Planning and teaching inservice classes about subjects such as "Teaching the Teacher," "The Teaching Role of the Nurse," "The Nurse's Role in Diabetes," and "Documentation."

—Supplying each nursing area with teaching aids and guidelines for assessing and teaching specific disease entities. These tools are designed to allow individualized planning for patient care.

—As role models, the coordinators maintain patient contact and teach a number of patients on a one-to-one basis and in groups and document the teaching-learning process in the patients' medical records.

—During their scheduled orientation to the hospital system, all new nursing personnel are oriented to patient education by the coordinators. Details such as philosophy, principles of teaching and learning, documentation, and assessment are included in the orientation.

—As members of the health team, the coordinators enlist and teach nurses to enlist the services of other members, such as pharmacists and dietitians, to meet the educational needs of patients. Appropriate hospital and community services are coordinated to meet the specific needs of the individual patient and family. As members of the Discharge Planning Committee, the coordinators work with the Social Service in planning for a patient's discharge and providing continuity of care following discharge.

—The coordinators are resource persons for the community by being actively engaged with many programs—the Heart Association, American Cancer Society, and

others. Other activities include guest lecturing to nursing students at the neighboring university and at the technical college.

The patient education coordinators are charged with maintaining an updated knowledge in health education and medical research, attending and participating in seminars on patient care, evaluating and recommending patient education materials, and obtaining or developing new patient-teaching aids.

—*Merle K. Moran, RN, patient education coordinator, Greenville Hospital Center, and Elizabeth C. Parris, RN, patient education coordinator, Greenville General Hospital.*

## NATIONAL HIGH BLOOD PRESSURE EDUCATION PROGRAM RESULTS

■ The National High Blood Pressure Education Program, established in 1972, has already progressed toward its goal of alerting the medical community and the public to the prevalence of high blood pressure in the U.S. population, the dangers of uncontrolled hypertension, and the health benefits of adequate blood pressure control.

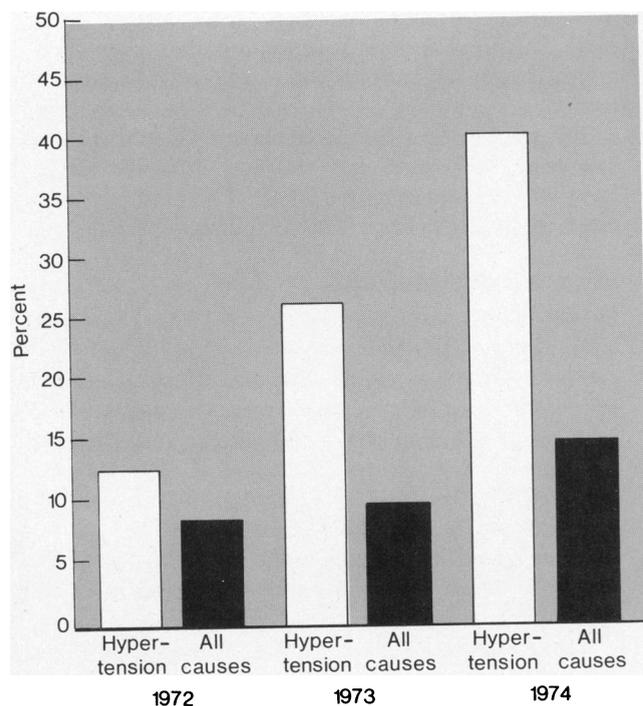
Data released by the program's coordinating committee indicate that in recent years there have been sharp increases in initial and total patient visits to physicians for hypertension and hypertensive heart disease, a substantial reduction in the number of people with unsuspected and un-

diagnosed hypertension, and a significant increase in the number of hypertensive patients whose blood pressure is under adequate medical control.

The program's wide variety of education, research, planning, and community service activities are coordinated by the National Heart and Lung Institute (NHLI) and involve more than 150 national organizations—Federal, private, and professional.

Except for arteriosclerosis, hypertension is the most common cardiovascular disease, affecting some 23 million American adults. Though potentially serious, it seldom produces symptoms discernible to the person who has it. Easily diagnosed and in most cases readily controlled, it is often unsuspected or inadequately treated. Many who have the disease ignore it.

Percentage increase over 1971 in patient visits for all causes and for hypertension and hypertensive heart disease, 1972-74



SOURCE. National Disease and Therapeutic Index 1964-74.

### Initial Visits

Data based on the National Disease and Therapeutic Index indicate that since 1971, initial patient visits to physicians for hypertensive heart disease have increased 38 percent, and total patient visits for these conditions have increased more than 40 percent. Both are greater increases than initial and total physician visits for all causes, which rose about 17 percent.

Data were also summarized from three other surveys: the National Health Examination Survey of 1960-62, the National Health and Nutrition Survey of 1971, and the NHLI Hypertension Detection and Followup Study (HDFP) done in 1973-74. The two earlier surveys indicated that nearly half of those with high blood pressure were unaware that they had it. In the 1973-74 community survey, this proportion was only 29 percent.

If the national situation is similar to that observed in the 14 communities participating in the HDFP study, some 4 million people have become aware since 1971 that they have high blood pressure—the first step to effective treatment. The two earlier surveys indicated that among the 12 million or so people who knew of their hypertension, only about 4 million had their disease under adequate control. By 1973-74, the number of hypertensive patients receiving effective treatment had more than doubled, reaching 9 million.

Over the 14-year span covered by the three surveys, the number of persons aware of their hypertension but not under treatment for it did not change appreciably.